REMARKS

Claims 1-24 remain pending in the applications with claim being amended by this response.

Claims 1-24 under U.S.C 103(a)

Claims 1-24 are rejected under 35 U.S.C. 103(a) as being obvious by Brown (U.S. Patent No. 6,458,080) in view of Du (6,078,982).

Claim 1 recites in "a system for scheduling a set of tasks to be performed by at least one individual to support healthcare delivery", a "method for providing a user interface for processing an event representing a change in circumstances potentially affecting healthcare delivered to a patient" comprising the steps of "in response to user command, initiating generation of at least one display image supporting a user in, identifying an event and an associated parameter; identifying a global parameter; designating a predetermined first process is associated with said event by associating identifiers with said event and said associated parameter, said predetermined process comprising a set of tasks to be performed by at least one individual to support healthcare delivery; designating a plurality of predetermined concurrently operable processes, including said first process, are associated with said identified global parameter for concurrently automatically sharing a value of said global parameter; and indicating a value of said associated parameter is to be provided to said first process in response to occurrence of said event; enabling access by said predetermined concurrently operable processes and sharing of said global parameter value; and providing said associated parameter to said first process using a map in at least one repository associating event identifiers and parameter identifiers". These features are not shown (or suggested) in Brown alone or in combination with Du.

The system of claim 1 provides "at least one display image" for "designating a plurality of predetermined concurrently operable processes, including said first process, are associated with said identified global parameter for concurrently automatically sharing a value of said global parameter; and indicating said associated parameter is to be provided to said first process in response to occurrence of said event". The system of claim 1 also enables "access by said predetermined concurrently operable processes and sharing of said global parameter value" and provides "said associated parameter to said first process using a map in at least one repository associating event identifiers and parameter identifiers". These features address the fact that "real healthcare processes constantly affect each other. For example, a patient being taken to radiology for a diagnostic study interferes with the administration of intravenous medication in the patient's room. Further, the complexity of modern healthcare enterprises means that a healthcare workflow process may need to be responsive to multiple

different healthcare events, and also that a single event may impact multiple different concurrently operating healthcare processes". Further, the inventors have advantageously recognized "a more sophisticated mechanism is required for invoking workflow processes than existing workflow management systems currently support. The disclosed system supports creation and configuration of healthcare processes that interact with each other and respond to changes and events originating in other processes" (Application page 5 lines 12-28).

The claimed arrangement provides a display image enabling a user to designate "a plurality of predetermined concurrently operable processes, including" a "first process, are associated" with a "global parameter for concurrently automatically sharing a value of said global parameter". The arrangement also indicates an additional "associated parameter is to be provided" to the "first process in response to occurrence" of an "event" using "a map in at least one repository associating event identifiers and parameter identifiers". These features support management of concurrently operable workflows. Brown (with Du) do not address this problem. Moreover, Brown (with Du) fail to disclose or suggest a mechanism for sharing global parameters between concurrently operating processes in addition to receiving a process-specific parameter in response to occurrence of an event using a map associating event identifiers and parameter identifiers as in the present claimed arrangement.

The claimed arrangement advantageously employs two different categories of parameters and uses both categories to manage healthcare workflow. Specifically, the first category parameter is provided from a first process to a second process based on a healthcare event. A second category is a global parameter for which the claimed arrangement enables "access by said predetermined concurrently operable processes and sharing of said global parameter value". Further the claimed system advantageously enables "designating a predetermined first process is associated with said event by associating identifiers with said event and said associated parameter, said predetermined process comprising a set of tasks to be performed by at least one individual to support healthcare delivery" and "designating a plurality of predetermined concurrently operable processes, including said first process, are associated with said global parameter for concurrently automatically sharing a value of said global parameter". Moreover, the claimed system provides for "indicating a value of said associated parameter is to be provided to said first process in response to occurrence of said event". These features are not shown or suggested in Brown with Du.

The Rejection relies on the description in column 6 lines 13-30 of Brown in support of the assertion that Brown describes the claimed feature of "identifying an event and an associated parameter". Applicant respectfully disagrees. Contrary to the assertion in the Rejection, Brown, in the cited section (or elsewhere) fails to disclose or suggest "identifying

an event and an associated parameter". Instead, the cited section merely describes different parameters that are included in a patient health record. There is nothing in Brown that provides enabling disclosure of event-based healthcare monitoring. Unlike the claimed arrangement, Brown merely provides a system for balancing the overall health of a patient based on monitored health and patient environmental parameters (col. 4, lines 46-55). The monitoring system of Brown is fundamentally different from, and not equivalent to, the claimed system which operates in "a system for scheduling a set of tasks to be performed by at least one individual to support healthcare delivery" and that "designat[es] a predetermined first process is associated with said event by associating identifiers with said event and said associated parameter".

The rejection further incorrectly relies on column 7, lines 35 – 47 of Brown as providing enabling disclosure of "designating a predetermined first process is associated with said event by associating identifiers with said event and said associated parameter, said predetermined process comprising a set of tasks to be performed by at least one individual to support healthcare delivery" as in the claimed system. Applicant respectfully disagrees. Unlike the claimed system, the section relied on in the Rejection is merely a listing of certain tasks and the time allotment granted to those tasks (see also, Table 1). There is nothing in the cited section or elsewhere that describes "designating a predetermined first process is associated with said event" in any manner. Furthermore, as discussed above, Brown is not at all concerned with specific events and is instead merely concerned with parameter monitoring. Thus, there is nothing in Brown (alone or in combination with Du) that provides enabling disclosure of designating a "set of tasks to be performed by at least one individual to support healthcare delivery". Brown fails to disclose or suggest "associating identifiers with said event and said associated parameter". Rather, Brown merely provides an electronic schedule that may be modified based on the "priority assigned to the tasks and time allowances" (col. 7, lines 62-66). This is fundamentally different from the claimed system which designates a set of tasks as a first process based on the event using identifiers for the event and parameter associated with the event. Unlike the claimed arrangement, Brown merely describes keeping an electronic schedule and is not at all concerned with different health related processes that may operate concurrently with one another as in the claimed system.

The Rejection acknowledges that Brown fails to disclose "identifying a global parameter" or "designating a plurality of predetermined concurrently operable processes, including said first process, are associated with said global parameter for concurrently automatically sharing a value of said global parameter"; "indicating a value of said associated parameter is to be provided to said first process in response to occurrence of said event;" and

"enabling access by said predetermined concurrently operable processes and sharing of said global parameter value". The rejection further cites Du as providing enabling disclosure of these features. Applicant respectfully disagrees. Du teaches a workflow coordination scheme in which "[t]he coordination scheme according to the present invention allows for concurrent execution of conflicting workflow activities and yet does not abort the completed activities. The idea is to take advantage of the special features of a workflow activity when accessing the workflow process database so that conflicting operations can be performed in a more flexible way. This is done by (1) pre-locking all internal data items an activity transaction accesses, (2) reading or updating the workflow process database in atomic steps, and (3) releasing the locks after execution of the workflow process is completed" (col. 9, .lines 8 – 19. The scheme described by Du is fundamentally different from and is in direct contrast to the present claimed system. Specifically, Du teaches away from the claimed arrangement by "locking" parameters to prevent access and update of parameters during a workflow. This directly teaches away from the unconditional global parameter access provided in the claimed arrangement by "designating a plurality of predetermined concurrently operable processes, including said first process, are associated with said global parameter for concurrently automatically sharing a value of said global parameter". The locking of data items and sequential performance of tasks associated with the data items as described by Du is fundamentally different from the claimed system because Du is wholly unrelated to delivery of healthcare where there is typically a single source of a patient parameter, for example one patient and one patient device (e.g. blood pressure). Du, unlike the claimed system, is merely concerned with access by different systems to execute a workflow process in a sequential and non-conflicting manner. The manner in which the Du workflow system is fundamentally different from the claimed system which "enable[es] access by said predetermined concurrently operable processes and sharing of said global parameter value". This is particularly important in a healthcare delivery system because patient safety may be compromised if the latest patient medical parameter data is not used. For example, it is often critical that a person responsible for delivering healthcare to a patient knows and uses the latest laboratory test results or vitals sign data to prevent mistreatment. The claimed unconditional global parameter arrangement supports use of the latest data and in conjunction advantageously enables other parameters to be conditioned for exchange based on predetermined healthcare events providing enhanced flexibility for the healthcare field.

Further support for Applicant's assertion that Du teaches away from the claimed arrangement may be found in column, 7 line 62 - column 8, line 12 where Du states that "[t]he idea is to schedule conflicting data accesses by the two activities in a consistent order. Two workflow activities can conflict with each other in three different ways:

1. write-read conflict. In this case, an activity first writes a data item and then another activity reads the same data item.

2. read-write conflict. In this case, an activity first reads a data item and then another activity writes the same data item.

3. write-write conflict. In this case, two activities write the same data item one after another.

Using traditional database concurrency control protocols, no conflicting operations of an activity will be scheduled until all conflicting operations of the other activities that precede it in the serialization order have completed". Du teaches a serialization workflow management system in which "no conflicting operations of an activity will be scheduled until all conflicting operations of the other activities that precede it in the serialization order have completed". This prevents the full flexibility of concurrent workflow operation needed in healthcare practice today and is in direct conflict with the flexibility and dynamic adaptive operation provided by the claimed arrangement.

Additionally, as stated in *KSR Int'l Co. v. Teleflex Inc.*, 127 S.Ct. 1727, 1734, 82 USPQ2d 1385, 1391 (2007), the question of obviousness is resolved on the basis of underlying factual determinations including (1) the scope and content of the prior art, (2) any differences between the claimed subject matter and the prior art, (3) the level of skill in the art. *Graham v. John Deere Co.*, 383 U.S. 1, 17-18, 148 USPQ 459, 467 (1966). Moreover, the Court explained, "[o]ften, it will be necessary for a court to look to interrelated teachings of multiple patents; the effects of demands known to the design community or present in the marketplace; and the background knowledge possessed by a person having ordinary skill in the art, all in order to determine whether there was an apparent reason to combine the known elements in the fashion claimed by the patent at issue." *Id.* at 1740-41, 82 USPQ2d at 1396. The Court noted that "[t]o facilitate review, this analysis should be made explicit. *Id.* (citing *In re Kahn*, 441 F.3d 977, 988, 78 USPQ2d 1329, 1336 (Fed. Cir. 2006)) "[R]ejections on obviousness grounds cannot be sustained by mere conclusory statements; instead, there must be some articulated reasoning with some rational underpinning to support the legal conclusion of obviousness". Applicant respectfully submits that the Rejection fails to satisfy the burden required in *KSR* because the determination of obviousness made throughout the rejection amounts to conclusory statements which are not sufficient to support the conclusion of obviousness. Specifically, the Rejection states that Brown fails to disclose a significant portion of the claimed system and merely provides minimal citation within Du that allegedly teaches each of the claimed features and teaches use of a different function incompatible with

the claimed arrangement. Applicant requests the Examiner provide an explicit analysis supporting the conclusion of obviousness.

Applicant further respectfully submits that there would be no motivation to combine (or modify) Brown with Du to produce the present claimed system because neither Brown nor Du are concerned with concurrently operating processes of a workflow as in the claimed arrangement. Specifically, Brown is merely a healthcare parameter monitoring system that includes an electronic scheduling feature for displaying a listing of parameters and activities. Du, in contrast to Brown, is merely concerned with providing a conflict resolution system for resolving conflicts between different computer systems in a sequential, rigidly structured manner. Applicant respectfully submits that it is improper to modify a healthcare monitoring system such as Brown with a generalized computer workflow system able to resolve conflicts such as Du. Specifically, as discussed above, Du provides a rigid, parameter locking mechanism to ensure that all workflows are performed sequentially without interruption by other processes. This rigid implementation of processes may be potentially harmful in the healthcare environment such as the monitoring environment described in Brown. Thus, Applicant respectfully disagrees with the assertion put forth in the Rejection that it would be obvious to combine Du with Brown with the "motivation of allowing for a high degree of concurrency and consistency in a workflow process". Specifically, Brown is not at all concerned with conflicting tasks and is instead only concerned with scheduling matters by priority (col. 7, lines 62 – col. 8, lines 17). Priority scheduling in Brown has nothing to do with concurrent processes that may affect one another such as those described in Du. Moreover, as discussed above Du actually teaches away from concurrent operations of processes and instead pauses potentially conflicting processes and locks the tasks associated therewith to enable a sequential and ordered performance of these processes. Thus, there is no true concurrent operation of any type performed by Du. Therefore, there is no motivation to combine the systems of Brown and Du.

However, even if one were to combine the systems of Brown and Du, the resulting system still would not be equivalent to the claimed arrangement. Brown is not at all concerned with specific healthcare events and parameters associated with those events to be identified by a user. Du also fails to disclose or suggest the claimed arrangement as it teaches away from the claimed system by locking parameters to prevent access and update of parameters during workflow" Thus, a combination of Brown and Du teaches away from a system that uses a "global parameter" that is "automatically concurrently shared" between different concurrently operating processes in a workflow supporting healthcare delivery to a patient. Moreover, there is nothing in Brown (with Du) that discloses or suggests designating

a "predetermined processes" that support and affect delivery of healthcare to a patient. Therefore, the systems of Brown and Du, individually or in combination with one another, fail to disclose or suggest each feature of claim 1 and fail to provide any suggestion that they be modified to include the features claimed in claim 1. Consequently, withdrawal of the rejection of claim 1 is respectfully requested.

Claim 2 is dependent on claim 1 and is considered patentable for the reasons presented above with respect to claim 1. Claim 2 is also considered patentable because Du (with Brown) fails to disclose or suggest "filtering messages identifying events using said map to exclude messages conveying event identifiers unassociated with said predetermined first process from being passed to said process, wherein said at least one display image supports, designating an executable procedure, for initiating a workflow process comprising a sequence of tasks to be performed by a worker or system, is associated with said event and wherein execution of said procedure is initiated in response to occurrence of said event" as in the claimed arrangement. The Rejection cites column 9, lines 1 – 20 of Du, in support of the assertion that the claimed feature is disclosed. Applicant respectfully disagrees. Specifically, the section relied on Du provides:

> "In accordance with one embodiment of the present invention, the pre-locking coordination scheme is used to ensure consistent and yet concurrent execution of a workflow process (e.g., the process 18). The coordination scheme is executed by the WFPM system 10. The coordination scheme allows two conflicting activities of a workflow process to run concurrently, and yet ensures execution consistency of the workflow process. The coordination scheme according to the present invention allows for concurrent execution of conflicting workflow activities and yet does not abort the completed activities. The idea is to take advantage of the special features of a workflow activity when accessing the workflow process database so that conflicting operations can be performed in a more flexible way. This is done by (1) pre-locking all internal data items an activity transaction accesses, (2) reading or updating the workflow process database in atomic steps, and (3) releasing the locks after execution of the workflow process is completed."

There is nothing in this section that provides enabling disclosure of any of the features claimed in claim 2. Consequently, withdrawal of this rejection is respectfully requested.

Dependent claim 3 is considered to be patentable based on its dependence on claim 1.

Claim 3 is also considered to be patentable because Brown (with Du) does not show (or suggest) a system in which the "at least one display image supports designating a **second process**, comprising a scheduled sequence of tasks to be performed by at least one individual to support healthcare delivery, is associated with said event and determining said second process is to be at least one of, (a) **replaced** and (b) **supplemented**, by said predetermined process in response to occurrence of said event". Column 9, lines 18-40 of Brown, cited in the Rejection fails to disclose or suggest this feature. Rather, the cited section merely provides a mechanism by which certain new tasks may be scheduled. The claimed system provides for a set of tasks that are part of predetermined healthcare delivery processes that address a particular event and the parameters associated with that event. Brown merely monitors medical and environmental parameters to determine overall affect on the health of a patient. As discussed above, Brown is not at all concerned with event based healthcare delivery and the parameters map display of tasks for a particular workflow. There is nothing in the cited section, or elsewhere, regarding designation of a "second process" that is associated with the event and either replacing or supplementing the second process with the predetermined process in response to the event. The mere display of a task schedule as in Brown (with Du) does not disclose or suggest the claimed feature which affirmatively changes the workflow process being implemented. Consequently, withdrawal of the rejection of claim 3 is respectfully requested.

Dependent claim 4 is considered to be patentable based on its dependence on claims 1 and 3. Claim 4 is also considered to be patentable because Brown (with Du) does not show (or suggest) a system in which the "second process is supplemented by said predetermined first process by at least one of the steps of, (a) adding said tasks of said predetermined first process to tasks of said second process, and (b) substituting at least one of said tasks of said predetermined process for a task of said second process". Contrary to the Rejection statement, Brown in column 9, lines 18 - 40 (or elsewhere) nowhere shows or suggests this feature combination. Rather, the cited section merely describes modifying a schedule that includes a plurality of individual and unrelated tasks. This is fundamentally different from the claimed system where the "first process" and "second process" are comprised of a set of tasks for delivering healthcare to a particular patient in view of a particular event that is identified by a user. The tasks in the claimed system are specific to the parameters associated with different events. Unlike the claimed system, Brown merely provides for the scheduling of different tasks based on a priority. There is nothing in Brown that discloses or suggests supplementing a second process by the first process in the manner claimed therein. Consequently, withdrawal of the rejection of claim 4 is respectfully requested.

Dependent claim 5 is considered patentable based on its dependence on claim 1.

Claim 5 is also considered patentable for the reasons presented above with respect to claims 3 and 4. Consequently, withdrawal of the rejection of claim 5 is respectfully requested.

Dependent claim 6 is considered to be patentable based on its dependence on claim 1. Claim 6 is also considered to be patentable because Brown (with Du) does not show (or suggest) a "display image" that supports "designating predetermined parameter verification criteria is associated with said associated parameter". Contrary to the Rejection statement, Du (with Brown) nowhere shows or suggests associating "parameter verification criteria" for validating an "identified **parameter**" to "be **provided to said process** in response to occurrence of said event". This feature facilitates user configuration, via a display image, of a workflow process to dynamically adapt in response to other **concurrent workflow processes** by (during process operation) receiving medical parameters from other concurrently operating workflow processes. As exemplified in the Application on page 9 lines 27-34, the arrangement enables "a pharmacy order for Gentamicin IV" to "be used to initiate an aminoglycoside infusion process" by passing to the infusion process "parameters such as the patient's identifier number (PTID) 612, dose (for example, 1 ml or 2 tablets) 620, time (for example, every 8 hours) 618, route (for example, intravenous) 616, and strength (for example, 80 mg/ml or 500 mg) 614". These features are nowhere shown or suggested in Du (with Brown). The Rejection incorrectly relies on column 9, lines 1- 20 (produced in its entirety above) and Figure 9 which shows a connection of two nodes to assert that the claimed features are disclosed. Applicant respectfully disagrees and requests that the mere conclusory statements and minimal citations to the Du reference are insufficient to satisfy the assertion that features are "widely known". Applicant respectfully submits that the assertion of obviousness is not supported beyond these conclusory statements. Moreover, the Rejection states "Du, Fig. 9 teaches data shared between two different nodes (reads on "parameter verification criteria") in order for various processes to be run concurrently". However, the Rejection further provides this same exact statement as being sufficient to read on a "global parameter" (with respect to claims 1 and 2). Yet, there is nothing cited in either case to show that Figure 9 provides enabling disclosure of either a "global parameter" or a "parameter verification system". Therefore, Applicant respectfully submits that this is conculsory statement and fails to support the assertion made in the Rejection and is insufficient under the rationale set forth in *KSR Int'l Co. v. Teleflex Inc.*, 127 S.Ct. 1727, 1734, 82 USPQ2d 1385, 1391 (2007), that the claimed system is obvious in view of Du with Brown. Consequently, withdrawal of the rejection of claim 6 is respectfully submitted.

Dependent claim 7 is considered to be patentable based on its dependence on claims 1 and 6. Claim 7 is also considered to be patentable because Du (with Brown) does not show (or suggest) a system in which "said designated predetermined parameter verification

criteria comprises at least one of, (a) a value range (b) a value type and (c) a parameter symbol check". The Rejection once again relies on the section of Du produced above as providing enabling disclosure of the claimed feature. Applicant respectfully disagrees and submits that there is nothing in the cited section or elsewhere that discloses or suggests the claimed feature. Moreover, the Rejection notes that Du teaches a "pre-locking coordination scheme to ensure consistent and concurrent execution of a workflow process". However, as discussed above, the pre-locking system utilized by Du teaches away from the claimed arrangement because by locking different tasks, the Du system prevents any updates thereto. This is fundamentally different from the claimed system which provides unconditional global parameter access for delivering event-based healthcare to patients. If, as suggested by Du, the tasks were locked, a potentially harmful result could occur because of the nature of parameter monitoring in a healthcare environment which requires the use of the most updated and recent parameters. Du would not allow this to occur and therefore, neither discloses nor suggests the claimed system and lacks the flexibility desired in the healthcare field as provided by the claimed arrangement. Consequently, withdrawal of the rejection of claim 7 is respectfully requested.

Dependent claim 8 is considered to be patentable based on its dependence on claim 1. Consequently, withdrawal of the rejection of claim 8 is respectfully requested.

Dependent claim 9 is considered to be patentable based on its dependence on claim 1. Claim 9 is also considered to be patentable because Du (with Brown) does not show (or suggest) a system involving "designating said predetermined process is associated with said identified event comprises designating an instance of said predetermined process is associated with said identified event". The Rejection merely cites the same section of Du (col. 9, lines 1 – 20) as disclosing the present claimed feature. As discussed above, there is nothing in this section or elsewhere that describes the present claimed feature. Rather, the cited section is a conclusory statement used to justify the conclusion of obviousness and no reasonable inference can be made based on the cited section of Du (with Brown), that the feature claimed in claim 9 is obvious. Consequently, withdrawal of the rejection of claim 9 is respectfully requested.

Dependent claim 10 is considered to be patentable based on its dependence on claim 1. Claim 10 is also considered to be patentable because Du (with Brown) does not show (or suggest) a system involving "searching a database containing records indicating active processes to identify active process instances of said predetermined process". The rejection acknowledges that Brown fails to disclose or suggest this feature. However, Applicant respectfully submits that this feature would not be supported by the Brown system. The only

mention of a database in Brown is a "health history database" (col. 6, lines 13 – 29). The health history database contains patient information based on past patient monitoring activity and is searchable to analyze the overall health of the patient over a period of time. This database is not equivalent to the claimed system and Brown fails to disclose or suggest a database including records indicating active processes to identify active process instances of said predetermined process. In fact, there is no mention of a process "instance" (or any equivalent activity) in Brown. A process "instance" is a "copy of a workflow process and may comprise a particular use of the process for a specific patient, for example" (Application page 11 lines 12-14). No equivalent feature is disclosed by either Brown or Du. The Rejection further states the claimed feature is well known in view of the description in column 9, lines 1 - 20 of Du. Applicant respectfully disagrees and fails to see where this (or any equivalent feature) is disclosed in Du. Consequently, withdrawal of the rejection of claim 10 is respectfully requested.

Dependent claim 11 is considered to be patentable based on its dependence on claim 1. Consequently, withdrawal of the rejection of claim 11 is respectfully requested.

Dependent claim 12 is considered to be patentable based on its dependence on claim 1. Claim 12 is also considered to be patentable because Du (with Brown) does not show (or suggest) a "system for scheduling said set of tasks includes a workflow engine integrated with a clinical information system" as in the present claimed arrangement. There is no mention of an integrated workflow CIS system in Du alone or in combination with Brown. Moreover, Du with Brown fail to disclose or suggest that "said event comprises at least one of, (a) an event resulting from action by healthcare personnel, (b) an event generated by an operating process, (c) an event generated by patient monitoring equipment and (d) an event generated by a medical device". Contrary to the assertion in the Rejection, Brown in column 9, lines 18 – 40 fail to disclose or suggest this feature combination. Instead, the cited section of Brown merely provide a scheduling system for individual tasks and not predetermined processes implemented in response to different events and parameters associated with the event. Brown (with Du) is not at all concerned with event-based healthcare which includes predetermined processes including sets of tasks for delivering healthcare to patients based on those events. The claimed system advantageously employs two different categories of parameters and uses both categories to manage healthcare workflow. The first category of parameter is provided from a first process to a second process based on a healthcare event. Brown (with Du) fails to disclose equivalent operation. Consequently, withdrawal of the rejection of claim 12 is respectfully requested.

Dependent claims 13 – 17 are considered to be patentable based on their dependence

on claim 1. Consequently, withdrawal of the rejection of claims 13 – 17 is respectfully requested.

Independent claim 18 is considered to be patentable for reasons given in connection with claims 1 and 2. Consequently, withdrawal of the rejection of claim 18 is respectfully requested.

Dependent claims 19 and 20 are considered to be patentable based on their dependence on claim 18 for reasons given in connection with claims 1, 2 and 9. Consequently, withdrawal of the rejection of claims 19 and 20 is respectfully requested.

Independent claim 21 recites a method for "providing a user interface for processing an event representing a change in circumstances potentially affecting healthcare delivered to a patient" comprising "in response to user command, initiating generation of at least one display image supporting a user in, identifying an event potentially arising during a first process; identifying a parameter associated with said event; designating a second process is associated with said event by associating identifiers with said event and said parameter, said first and second processes comprising sets of concurrently active tasks to be performed by at least one individual to support healthcare delivery; and designating a value of said parameter is to be provided from said first process to said second process in response to occurrence of said event; providing said parameter value to said process using a map in at least one repository associating event identifiers and parameter identifiers; and filtering messages identifying events using said map to exclude messages conveying event identifiers unassociated with said predetermined first process from being passed to said process". These features are not shown (or suggested) in Brown with Du.

Independent claim 21 is considered to be patentable for reasons given in connection with claims 1 and 2. Claim 21 is also considered to be patentable because Brown (with Du) does not show or suggest "designating a **value**" of a "parameter" to be automatically provided from" a "**first process**" to a "**second process**" "comprising sets of **concurrently active** tasks to be performed by at least one individual to support healthcare delivery" in "response to occurrence of said event". As previously explained, Brown merely describes different parameters that are monitored and incorporated into a health history database for later review and analysis. Brown fails to disclose or suggest the identification of an event requiring healthcare treatment in response thereto and designating a process including a set of healthcare tasks for responding to the identified event. Brown (with Du) fails to disclose or suggests parameters or parameter values associated with events and do not suggest a "value" of a "global parameter" shared between "predetermined concurrently operable processes".

Similarly to Brown, Du fails to disclose or suggest these features. In fact, Du teaches away from the claimed arrangement because Du locks tasks and values and is unable to allow unconditional access by a global parameter which may be updated as a concurrently operating process. The combined system of Brown and Du nowhere show or suggest designating a **value** of" a parameter is to be "automatically" provided from" a **"first process" to a "second process"** that are **"concurrently active** tasks to be performed by at least one individual to support healthcare delivery" in "response to occurrence of said event" as in the present claimed arrangement. Consequently, withdrawal of the rejection of claim 21 is respectfully requested.

Dependent claim 22 is considered to be patentable based on its dependence on claim 21 for reasons given in connection with claims 1 - 3 and 21. Consequently, withdrawal of the rejection of claim 22 is respectfully requested.

Dependent claim 23 is considered to be patentable based on its dependence on claim 21 for reasons given in connection with claims 1 – 3, 9 and 21. Consequently, withdrawal of the rejection of claim 23 is respectfully requested.
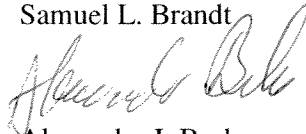
Dependent claim 24 is considered to be patentable based on its dependence on claim 21 for reasons given in connection with claims 1, 2 and 21. Claim 24 is also considered to be patentable because Brown (with Du) does not show (or suggest) a system in which "said associated parameter is for use by **multiple** different process task sequences and is stored at a location available for access by said multiple different process task sequences". This feature supports a user in designating a globally available patient parameter to be provided to multiple different concurrently operating workflow task sequences, for example, upon occurrence of an event. Moreover, there is nothing in any of Brown and/or Du that provides enabling disclosure of this feature. Consequently, withdrawal of the rejection of claim 24 is respectfully requested.

In view of the above remarks, Applicant respectfully submits that Du adds nothing to Brown that makes the present invention as claimed in claims 1, 18 and 21 unpatentable. As claims 2 – 17 are dependent on claim 1, claims 19 – 20 are dependent on claim 18 and claims 22 – 24 are dependent on claim 21, Applicant respectfully submits that these claims are also not made unpatentable by Brown with Du. Consequently, withdrawal of this rejection is respectfully requested.

Having fully addressed the Examiner's rejections, it is believed that, in view of the preceding amendments and remarks, this application stands in condition for allowance. Accordingly then, reconsideration and allowance are respectfully solicited. If, however, the Examiner is of the opinion that such action cannot be taken, the Examiner is invited to contact the applicant's attorney at the phone number below, so that a mutually convenient date and time for a telephonic interview may be scheduled.

Respectfully submitted,
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Date: May 12, 2008

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